

SAN JOSE MUSEUM OF ART

SAN JOSE MUSEUM OF ART (SJMA) INTERNSHIP APPLICATION

[Please type or print legibly.]

****In addition to completing this form, please attach your current Résumé & Letter of Recommendation/s from academic or professional reference.**

I. PERSONAL INFORMATION

Name: _____

Address: _____
Street City Zip

Phone: _____ Email: _____

II. EDUCATION AND TRAINING *(Please begin with most current or recent school.)*

Are you currently a student? Yes No

If yes, your academic year? Junior Senior Graduate Other

1. _____
University / College No. Yrs. Attended Degree / Subjects Studied

Name of Faculty Advisor Phone Number Email

2. _____
University / College No. Yrs. Attended Degree / Subjects Studied

III. INTERNSHIP DESIRED

Describe your area of interest:

Human Resources Department | San Jose Museum of Art | 110 South Market Street
San Jose, California 95113-2383 | Attn: SJMA Internship for Name of Department you're applying for.

Describe specifically what you hope to learn from this internship:

IV. SKILLS

Describe your specific skills and experience relevant to museum work—paying particular attention to writing and communications and computer/internet applications:

Do you read/speak any foreign languages? Yes No
(Multi-lingual skills are often helpful for researching art history materials.)

If yes, please specify language and detail your level of fluency:

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Other office skills? Analytical/Research Filing/Mailing Phone Typing

V. AVAILABILITY

Day/s you are available: Mon Tue Wed Thu Fri Sat Sun

Start and end dates: from _____ to _____.

Time commitment (hours per week you are available): _____.

VI. PREVIOUS INTERNSHIPS *(Please begin with most recent internship.)*

1.

Name of Employer	Address	Phone Number
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Internship Title

Description of Duties and Responsibilities

Dates of Internship:	From:	To:
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Name of Supervisor	Title of Supervisor	Email
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2.

Name of Employer	Address	Phone Number
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Internship Title

Description of Duties and Responsibilities

Dates of Internship:	From:	To:
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Name of Supervisor	Title of Supervisor	Email
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3.

Name of Employer	Address	Phone Number
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Internship Title

Description of Duties and Responsibilities

Dates of Internship:	From:	To:
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Name of Supervisor	Title of Supervisor	Email
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VII. ACADEMIC / PROFESSIONAL REFERENCES

- 1. Name: _____ Organization: _____
Phone: _____ Email: _____
Nature of relationship: _____

- 2. Name: _____ Organization: _____
Phone: _____ Email: _____
Nature of relationship: _____

- 3. Name: _____ Organization: _____
Phone: _____ Email: _____
Nature of relationship: _____

VIII. AUTHORIZATION

I hereby certify that the facts contained in this application and attachments are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application and attachments shall be grounds for dismissal.

I authorize investigation of all statements herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that pursuant to California law, all employees of the Museum who provide school site services to pupils must be fingerprinted, and that such fingerprints will be submitted to the California Department of Justice for a criminal background check.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice, with or without cause.

Signature: _____ **Date:** _____